

Roush Insurance Services, Inc.

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Beauty Shop/Barber Shop and Day Spa Liability Application

| | |
|------------------------|-------------------|
| Applicant's Name _____ | Agency Name _____ |
| Mailing Address _____ | Agent _____ |
| _____ | Address _____ |
| Location _____ | _____ |
| _____ | E-Mail _____ |
| Web Site Address _____ | Phone _____ |

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

- Limit of liability requested:** ☐ \$100,000/\$100,000 ☐ \$300,000/\$300,000 ☐ \$500,000/\$500,000
☐ \$1,000,000/\$1,000,000 ☐ \$2,000,000/\$2,000,000
- Name of business (D/B/A):** _____
- Applicant is:**
 - ☐ Individual ☐ Partnership ☐ Corporation ☐ Other
 - ☐ Beauty Parlor ☐ Barber Shop ☐ Day Spa
 - ☐ Owner ☐ Tenant
- Part occupied by applicant:** _____
- How long has applicant been in business?** _____ years
- Number of operators employed:** _____
Full-time: _____ Part-time (less than 15 hours per week): _____
Aestheticians: _____ Masseuses: _____
Full-time operators for ear piercing: _____
- Amount of gross sales:** \$ _____
- Are all operators licensed?** ☐ Yes ☐ No
- Are records kept of patrons' permanent waves and hair dyes?** ☐ Yes ☐ No
- Please state methods used in permanent hair waving** (electric, cold wave, machineless, other): _____

- Number of:** Tanning beds: _____ Saunas: _____ Hot tubs/spas: _____
Hydro-massage beds: _____ Toning beds: _____ Swimming pools: _____

12. Are any of the following exposures included in the applicant's operation?

- | | |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Nail sculpting | <input type="checkbox"/> Chemical body wraps; receipts: \$ _____ |
| <input type="checkbox"/> Manicures/pedicures | <input type="checkbox"/> Electrolysis; receipts: \$ _____ |
| <input type="checkbox"/> False lashes | <input type="checkbox"/> Beauty schools/classes; receipts: \$ _____ |
| <input type="checkbox"/> Ear piercing | <input type="checkbox"/> Waxing—hot/cold: receipts: \$ _____ |
| <input type="checkbox"/> Makeovers/facials | <input type="checkbox"/> Mixing, blending or repackaging of products for on or off premises |
| <input type="checkbox"/> Wig application | <input type="checkbox"/> Chiropody |
| <input type="checkbox"/> Plastic surgery | <input type="checkbox"/> Face lifting |
| <input type="checkbox"/> Hair implants | <input type="checkbox"/> Body piercing |
| <input type="checkbox"/> Permanent cosmetics | <input type="checkbox"/> Microdermabrasion; receipts: \$ _____ |
| <input type="checkbox"/> Chemical peels; receipts: \$ _____ | |
| <input type="checkbox"/> Botox or other cosmetic injections: \$ _____ | |

13. Names of previous insurance carrier(s) for the past three years: _____

Losses for the last three years: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims: ☐ See loss run attached _____

14. Has any operator had a previous claim for alleged malpractice, error or mistake? ☐ Yes ☐ No

If yes, explain: _____

15. Does applicant have other business ventures for which coverage is not required? ☐ Yes ☐ No

If yes, explain and advise where insured: _____

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE _____ DATE _____

PRODUCER'S SIGNATURE _____ DATE _____

IOWA LICENSED AGENT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.